

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90009 026 ***550.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000034471**

1. Corporation Name
A.T.J. CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
333 SE 1ST AVE. US NO. 1 **333 SE 1ST AVE. US NO. 1**
FLORIDA CITY FL 33034 **FLORIDA CITY FL 33034**

3. Date Incorporated or Qualified
05/03/1995

2. Principal Place of Business 2a. Mailing Address
21 409 S.E. 1ST AVE **26 SAME**

4. FEI Number Applied For
65-0586369 Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State City & State
23 FLORIDA CITY, FL **28**

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip Country Zip Country
24 33034 **25 DADE** **29** **30**

8. This corporation owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PREMSARAN, PATEL
333 SE 1ST AVE, US NO 1
FLORIDA CITY FL 33034

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** DELETE
 NAME **PATEL, DAYABHAI**
 STREET ADDRESS **333 SE 1ST AVE. US NO. 1**
 CITY-ST-ZIP **FLORIDA CITY FL 33034**

1.1 TITLE **D** Change Addition
 1.2 NAME **PATEL, DAYABHAI**
 1.3 STREET ADDRESS **409 S.E. 1ST AVE,**
 1.4 CITY-ST-ZIP **FLORIDA CITY, FL 33034**

TITLE **D** DELETE
 NAME **PATEL, PREMSARAN**
 STREET ADDRESS **333 SE 1ST AVE. US NO. 1**
 CITY-ST-ZIP **FLORIDA CITY FL 33034**

2.1 TITLE **D** Change Addition
 2.2 NAME **PATEL, PREMSARAN**
 2.3 STREET ADDRESS **409 S.E. 1ST AVE,**
 2.4 CITY-ST-ZIP **FLORIDA CITY, FL 33034**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE **D** Change Addition
 3.2 NAME **SANJAYKUMAR . S. PATEL**
 3.3 STREET ADDRESS **409 S.E. 1ST AVE,**
 3.4 CITY-ST-ZIP **FLORIDA CITY, FL 33034**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **888 SANJAYKUMAR . S. PATEL** **7/7/99** **305248977**

CR2E034 (5/99)